TRA	VEL VC	OUCH	ER OF	R SUI	SVOU	CHE	R										oleting form. Use to ed. continue in Ren	
	ENT REQUI	ink or ball point pen. PRESS HARD. DO NOT use pencil. If more PAYMENT (X as applicable)									1. FOR D.O. USE ONLY							
	CASH CHECK ELECTRONIC FUND TRANSFER				TDY/					,	Daniel (/)			T DY A		a. D.O. VO	UCHER NUMBE	R
EL	ECTRONIC .	FUND TI	RANSFER		OTHE	ER			Membe Employ			Dependen	t(s)	DLA				
4. NAME (Last, First, Middle Initial) (Print or type) 5. GRADE												6. SSN					UCHER NUMBE	₹
7. ADDRESS a. NUMBER AND STREET b. CITY c. STATE d. ZIP CODE															c. PAID BY	Ĭ		
8. TELEPHONE NUMBER (Include Area 9. TRAVEL ORDER NUMBER										. PREV	IOUS I	PAYMEN	ΓS/ADVANO	CES				
Code)																		
11. ORGA	NIZATION	AND ST	ATION															
12. DEPE	2. DEPENDENT(S) (X and complete as applicable) 13. DEPENDENTS' ADDRESS ON RECIEPT OF																	
ACCOMPANIED UNACCOMPANIED									ORDERS (Include Zip Code)									
a. NAME (Last, First, Middle Initial) b. RELATIONSHIP							c. DATE OF BIRTH OR MARRIAGE											
			OK MARKATAUE															
															EDO			
			14. H					VE HOUSEHOLD GOODS BEEN SHIPPED? YES NO (Explain in Remarks)					TATIONS					
15. ITINE																		
a. DATE 20	b. LOCAI TIME (24		c. PLACE Base, City	,	Office,	d. MEA			e. REA FOR S			UMBER C Gov't	F MEALS (2) Ded	g. POO MILES				
20	DEP	r Hour)	Base, City	y, etc.)		OF TK.	AVEL		POK 5	IOF	(B-I		(2) Dea (B-L-D)	WIILE	,			
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16. REIMBURSABLE EXPENSES											1		17. LEAVE			(4) Depend		
a. DATE b. NATURE OF EXPENSE					c. AMC			OUNT		OWED		a. DAYS	a. DAYS b. H		OURS (5) D		rsable Expenses	
												c. TAKEN BETWEEN				(7) Total	isable Expenses	
											1 4375				(8) Less Ac			
												d. AND				(9) Amoun (10) Amou		-
18. POC TRAVEL (X one) OWN/OPERATE PASSENGER 19. GOVERNMENT TRANSPORT												ORTA			ΓARY			
			HONE CAL	LS ARE	CERTIFI	ED NEC	ESSA	RY IN T	THE INTEREST OF			TRANSPORTATION AUTHORIZA						
THE GOVERNMENT. APPROVING OFFICER a. GTR/MTA NO.													b. FR	OM	c. TO			
(31 USC																		
21. a. CLAIMANT SIGNATURE										b. DATE			22. a. APPROVING OFFICER SIGN				b. DATE	
23. ACCC	UNTING CI	LASSIFIC	CATION															
24. COLL	ECTION DA	ATA																
25. COMI	UTED BY		26. AUDI	TED BY	,	27. TRAVEL ORDER				28. R	ECEIV	IVED (Payee Signature and Date or Che				(No)	29. AMOUNT P	AID
							POSTED BY											
										1								

DD Form 1351-2, OCT 91 Replaces previous editions of DD Form 1351-4, which may be used. Exception to SF 1012 approved by GSA/IRMS 12-91